

Term paper on crisis intervention

[Family](#), [Parents](#)



The death of a family member can be a very traumatic event for a human being, particularly the loss of a parent when a child is very young. This type of crisis is known as a personal trauma, which is much more intimate and personally affecting than a mass or societal trauma. This can cause quite a psychological crisis, wherein the child experiences intense feelings of grief, loss and abandonment. It can provide a young child with plenty of issues regarding absent grief, missed opportunities, and the lack of a strong parent figure in their lives as they continue to develop. As they have not experienced sufficient life events to mature to the level of forming proper coping mechanisms, they are particularly unable to handle such a traumatic event. Dealing with this crisis involves some sort of crisis intervention model, as it will help the victim come to terms with their loss and deal with intermittent or recurring psychological issues that would arise. In this paper, two different crisis intervention models will be discussed (ACT and PLACE), including which one would be more appropriate for the child in question.

The ACT model was created in 2001 by A. Roberts to address the societal trauma that occurred after the September 11th attacks on the World Trade Center. It has three stages - Assessment, Crisis Intervention, and Trauma Treatment. In the first stage, the needs of the victim are determined, and referrals are made to the proper specialists if need be. This is known as triage assessment; following this is crisis assessment, wherein information is gathered about how much the individual is in crisis, as well as the environment in which they live and whether it is properly supportive of them. After that, the cultural assessment takes place to figure out just how

stressed and in crisis the patient is through investigating their environment and health (Roberts, 2001).

After that, the crisis intervention takes place, wherein the actual crisis is resolved as best as possible. The primary issues are located, including the lingering feelings and stressors that are exacerbating the child's crisis. A rapport must be established with the patient, they must assess the danger to the patient's emotional well being, and attempt to mitigate the damage done by the event. This is done through determining the emotional problems that result from the event and using various talk therapy methods to deal with this issue. Afterwards, the final stage is trauma treatment, wherein methods are used to mitigate symptoms of post-traumatic stress disorder, which allows the trauma to be treated as effectively as can be. (Roberts, 2001).

The PLACE model is an intermediary model of crisis prevention that is meant to be utilized by non-counsellors who are still authority figures – teachers and the like, who are meant to be mentors to children and others but who are not given formal crisis intervention training. In this model, anyone with basic listening skills and moderate empathy can utilize it; the first step is assessing the risk of physical harm, which is followed by listening to the client. Having them open up to the teacher or counselor is the key to identifying their problems. Next, listening to their problems can help with the next step: assessment. This involves the identification of the issues the child is having (e. g. abandonment, inability to move on), and finding the proper solutions to address those problems. Once those immediate crises are

resolved, the efforts must be to solve any residual issues that can still cause distress (Hoggan, 1995).

Given the alternatives that are picked to solve these problems, the Choose stage allows the helper to determine which program would serve the patient best. Evaluation then takes place, determining how effective these choices were in solving the crisis that the child is going through. There are two stages of follow-up, which result in debriefing and discussions that the client participates in, wherein they go over how they are feeling now that the solutions have been applied. If they have not been satisfactorily treated by these suggestions, there is room to try other solutions (Hoggan, 1995).

The primary steps of this program are very similar to ACT; there is a similar progression of looking for physical harm, then identifying problems and assessing solutions to them. However, the assessment comes first in the Roberts ACT model, whereas assessment comes later in this stage. All three primary stages of the Roberts model (Assessment, Crisis Intervention, Trauma Treatment) have a microcosm of all of these PLACE stages; physical harm, emotional problem sources and treatments are all determined within each major stage. However, the simplified nature of the PLACE model, plus its applicability to even those who are not psychology professionals, makes it a far more preferable model to use on a child, who may look to a teacher more readily than they would a psychologist.

When dealing with this specific situation (a child losing a parent), proper psychological first aid techniques must be applied. First, the therapist must look at the child at eye level, and take effort to get the child to verbalize

their feelings. Avoid extreme language, and do not talk down to them; treat them like adults, but make sure to use words they understand. Careful listening is also necessary to show the child that you care about their feelings and concerns (Brymer, 2006). With the help of the PLACE model and proper psychological first aid techniques, a grieving child can get the help they desperately need to get through their crisis.

References

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